



Filing Period	Account No.	SSN OR FEIN
Beginning:		
Ending:	Due Date	
		<p>This report must be filed on or before the 15th day of the month following the period in which distilled spirits manufactured in Tennessee were used.</p> <p>Make your check payable to the Tennessee Department of Revenue for the amount shown on Line 6 and mail to:</p> <p>Tennessee Department of Revenue Andrew Jackson State Office Bldg. 500 Deaderick Street Nashville, TN 37242</p>

- 1) Please read instructions on reverse side before preparing report.
- 2) Transfer amounts reported in the worksheet to the corresponding item numbers in the bottom portion.
- 3) Be sure to sign and date in signature box on back of form.

WRITE NUMBERS LIKE THIS

1	2	3	4	5	6	7	8	9	0
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ROUND TO NEAREST DOLLAR

- | | |
|--|-------------------|
| 1. Total number of liters for own use (transfer from Schedule A) | _____ |
| 2. Tax Due (Multiply Line 1 by \$ _____) | <u>.00</u> |
| 3. Credit | <u>.00</u> |
| 4. Penalty - if filed late, see instructions on reverse side | <u>.00</u> |
| 5. Interest - if filed late, see instructions on reverse side; current interest rate per annum is _____ % | <u>.00</u> |
| 6. Total amount remitted | <u>.00</u> |

TENNESSEE DEPARTMENT OF REVENUE DISTILLER'S ALCOHOLIC BEVERAGE TAX REPORT

Filing Period		Due Date	
ACCOUNT NO.			

1. TOTAL LITERS
FOR OWN USE

2. TAX DUE

3. CREDIT

4. PENALTY

5. INTEREST

6. TOTAL AMOUNT
REMITTED[illegible]

RV-R0005601

INTERNET (8-05)

For additional information, contact the Taxpayer Services Division in one of our Department of Revenue Offices:

Chattanooga
(423) 634-6266
Suite 350
State Office Building
540 McCallie Avenue

Jackson
(731) 423-5747
Suite 340
Lowell Thomas Building
225 Martin Luther King Blvd.

Johnson City
(423) 854-5321
204 High Point Drive

Knoxville
(865) 594-6100
Room 606
State Office Building
531 Henley Street

Memphis
(901) 213-1400
3150 Appling Road

Nashville
(615) 253-0600
3rd Floor
Andrew Jackson Building
500 Deaderick Street

Tennessee residents can also call our statewide toll free number at 1-800-342-1003.
Out-of-state callers must dial (615) 253-0600.

INSTRUCTIONS

- General:** There is levied on any distiller or manufacturer, licensed in Tennessee, a tax on its own product as may be needed for its own use not to exceed 100 cases per month.
- Due Date:** The return along with the appropriate tax payment is due to be filed on or before the 15th day of the month following the period covered.
- Penalty and Interest:** If filed late, penalty is computed at 5% of the tax (Line 2 minus Line 3) for each 30 day period that the return is delinquent. Total penalty is not to exceed 25% of the tax due. The minimum penalty is \$15.00 regardless of the amount of tax due or whether there is any tax due. Interest is computed at the current rate of the tax (Line 2 minus Line 3) due from the due date to the date paid.
- Filing:** Make your check payable to the Tennessee Department of Revenue for the amount shown on Line 6 of the return and mail with the return to: Tennessee Department of Revenue, Andrew Jackson State Office Building, 500 Deaderick Street, Nashville, Tennessee 37242.
- Amended Return:** If this is an amended return, please indicate "Filing Period" and check the appropriate box on the front of this form.

COMPUTATION OF TAX

1. Total number of liters for own use.
2. Multiply the total number of liters (Line 1) by tax rate.
3. Enter outstanding credit amount from previous Department of Revenue notice(s).
4. If filed late, penalty is computed at 5% of the tax (Line 2 minus Line 3) for each 30 day period that the return is delinquent. Total penalty is 25% of the tax due; the minimum penalty is \$15.00 regardless of the amount of tax due or whether there is any tax due.
5. If filed late, interest is computed at the current rate on the tax (Line 2 minus Line 3) from the due date to the date paid.
6. Total amount remitted: Add Lines 2, 4, and 5; subtract Line 3 if applicable.


SCHEDULE A

Bottle size (in liters)						
Distilled spirits for own use (# of bottles)						Total liters

I declare this is a true, complete, and accurate return to the best of my knowledge.

SIGN HERE  _____
Signature of taxpayer

Date

SIGN HERE  _____
If preparer other than taxpayer

Date